

MWT

D.W.Hunter

1275 Lincoln Ave.
 Ste #1
 St. Paul, MN 55105
 612-395-9111 (F)

**UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF ILLINOIS**

D.W.HUNTER, an
 Individual, LARNELL
 EVANS. JR., an Individual
 FOR THE ESTATE OF ANNA
 SHORT HARRINGTON, an
 Individual ("AUNT
JEMIMA")
 PLAINTIFFS'

vs.

PEPSICO Inc., a
 Corporations, JANET
 LYNN SILVERBERG, an
 Individual, THE QUAKER
 OATS COMPANY, a
 Corporation, PINNACLE
 FOODS GROUP, LLC, THE
 HILLSHIRE BRANDS COMPANY,
 a Corporation, and DOES 1
 through 25, inclusive,
 DEFENDANTS.

Judge: Edmond E. Chang
 Case NO. 14CV6011,

**AFFIDAVIT OF DANNEZ HUNTER
 IN SUPPORT OF MOTION FOR
 JUDICIAL NOTICE FOR
 VIOLATION OF 15 U.S.C.
 §1041 (B)**

FILED

SEP 15 2014

THOMAS G. BRUTON
 CLERK, U.S. DISTRICT COURT

**IN AND FOR THE COUNTY)
 OF RAMSEY IN THE) ss.
 STATE OF MINNESOTA)**

I Dannez Hunter , hereby depose and say's:

1. I am the Great Grandson of Anna Short Harrington,
 a.k.a. (Aunt Jemima 1935-1955), and Olivia Hunter. (Exh. 1)


2. On September 4, 2014, a CT Corporation System's employee approached me and my "Court Server," with my back turned, and threw boxes at me from behind, next to the elevator on the 17th Floor between the hours of 3:45 p.m. through 4:15 p.m. (Exhs. 1, 19, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60)

3. I have contacted CEDA CENTRAL ADMINISTRATIVE OFFICES at 208 So. LaSalle, Suite 1900 Chicago, IL 60604, in order for said party to relinquish the video tape voluntarily without a Court Order. The only reason the court has possession of the boxes, is because PepsiCo, Quaker Oats, and Pinnacle Corporation CT Corporation Employee threw said boxes near the elevator.

I declare under the Penalty of Perjury that all of the foregoing are true and correct to the best of my knowledge

DATED: September 13, 2014

Respectfully Submitted,

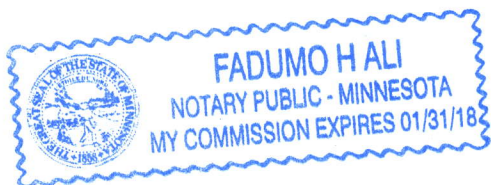

Dannez Hunter

STATE OF MINNESOTA)
) :ss

COUNTY OF Anoka)

On the 12th day of September 2014, personally appeared before me Dannez Hunter, the signer of the foregoing Affidavit, who duly acknowledged that he/she executed the same.

Notary Public
My Commission Expires 01/31/16:



1 From: **Kesselman, Marc {FLNA}** (Marc.Kesselman@pepsico.com) You moved this message
2 to its current location.

3 Sent: Tue 3/25/14 10:27 PM

4 To: d[REDACTED]@hotmail.com

5 Mr. Hunter,

6
7 Thank you very much for your email. It never occurred to me that there were any threats of
8 **violence, either express or implied, by you or your family.** Nonetheless, I appreciate the
9 clarification.

10 As I am new to this matter, I greatly appreciate your commitment to giving us some time to
11 better understand the situation. Someone from our company will be in touch as soon as
12 possible, likely next week.

13 Regards,

14 Marc

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17 EXH. 51
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1 Date: Tue, 27 May 2014 14:52:33 -0700

2 Subject: Fwd: Questions

3 From: r [REDACTED]@gmail.com

4 To: d [REDACTED]@yahoo.com; d [REDACTED]@hotmail.com

5
6
7 "Please be aware that they are concerned about whether you will be **violent**
8 based on. . . . tone of the emails you have sent to them over the past few weeks.
9

10
11 **Exh. 52**
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1
2
3 "From: [REDACTED]@gmail.com)

4 Sent: Mon 5/05/14 5:36 PM

5 To: [REDACTED] Hunter ([REDACTED]@hotmail.com)

6 " [REDACTED] the lawyer and I are still negotiating
7 on **cordial terms.**"

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16 **Exh. 53**
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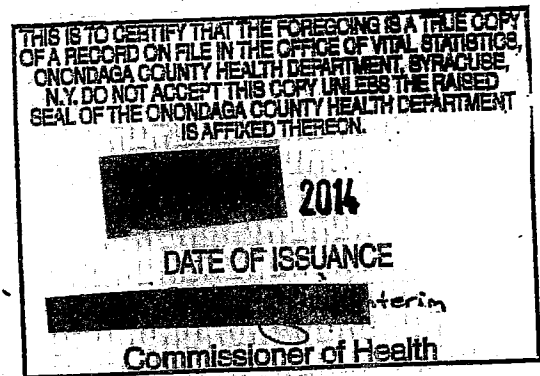
MARGIN RESERVED FOR BINDING

Form VS No. 60b. 1-23-54-2750 Books (3C-156)

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH. TYPEWRITE, HAND-PRINT OR WRITE LEGIBLY IN PERMANENT BLACK OR BLUE-BLACK INK. PENCILS, COLORED INKS, OR BALLPOINT PENS SHOULD NEVER BE USED. SIGNATURES SHOULD BE LEGIBLE. THIS IS A PERMANENT RECORD.

(See Reverse for Instructions)

New York State Department of Health OFFICE OF VITAL STATISTICS CERTIFICATE OF DEATH				Registered No. [REDACTED]
Dist. No. [REDACTED] To be inserted by registrar				
1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY Onondaga		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE New York b. COUNTY Onondaga		
b. TOWN		c. TOWN		
c. CITY OR VILLAGE Syracuse		d. CITY OR VILLAGE Syracuse Is residence within its corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION [REDACTED] Street		e. STREET ADDRESS [REDACTED] Street		
3. NAME OF DECEASED (Type or Print) Anna Harrington		4. DATE OF DEATH October 21, 19 55		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife John Henry Harrington				
9. DATE OF BIRTH 1/ [REDACTED] /97	10. AGE Years 58 Months 8 Days 22	11. BIRTHPLACE (State or foreign country) Bennettville, S.C.		
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook, demonstrator		13b. KIND OF BUSINESS OR INDUSTRY Quaker Oats Company		
14. FATHER'S NAME [REDACTED] Short		15. MOTHER'S MAIDEN NAME [REDACTED]		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		17. SOCIAL SECURITY NO. [REDACTED]		
18. INFORMANT'S NAME Laura Patterson		19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) (A) DUE TO <i>arteriosclerotic heart disease</i> (B) DUE TO <i>dissect</i> (C) _____		
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		21. INTERVAL BETWEEN ONSET AND DEATH		
22. OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it.				
22a. DATE OF OPERATION	22b. MAJOR FINDINGS OF OPERATION		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22c. WHERE DID INJURY OCCUR? (City or town) (Country) (State)		
22d. TIME (Month) (Day) (Year) (Hour) OF INJURY	22e. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>	22f. HOW DID INJURY OCCUR?		
23. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
24a. [REDACTED]		24b. ADDRESS [REDACTED]		
24c. DATE SIGNED [REDACTED]				
24d. [REDACTED]		24e. [REDACTED]		
24f. [REDACTED]		24g. [REDACTED]		
24h. [REDACTED]		24i. [REDACTED]		
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24rp. [REDACTED]		24rq. [REDACTED]		
24rr				



Exh. 1

CERTIFICATE OF SERVICE

FOR THE COUNTY OF]
RAMSEY IN THE]ss.
STATE OF MINNESOTA]

Case No.: **14CV6011**

I, **D.W.H.**, HEREBY certify that I am over the age of 18 years old, and located at 1275 Lincoln Ave Unit 1, St. Paul, Minnesota 55105. I certify that I have placed a prepaid postage, true and complete original to the court and copies to the party(is) of record at the U.S. Postal Office located at Post Office **St. Paul MN.** on the date of September 2014, for this action of the following:

Motion For Judicial Notice + Affidavit + Exhibits 2, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60

<p>Mr. Dean N. Panos Jenner & Block LLP PepsiCo, The Quaker Oats Company 353 N. Clark Street, Chicago, IL 60654-3456 jenner.com (312) 923-2765 TEL (312) 840-7765 FAX DPanos@jenner.com</p>	<p>c/o Agent: CT Corporation System Pinnacle Foods Group, LLC 208 So. LaSalle St, Ste # 814 Chicago, IL 60604 and a Principal place of business 99 Jefferson Road, Parsippany, NJ 07054.</p>
<p>Almee E. Graham The Hillshire Brands Company, Associate Dentons U.S. LLP 233 South Wacker Drive Suite #7600 Chicago, IL 606-6-6404</p>	
<p>c/o Clerk United States District Court Northern District of Illinois Everett McKinley Dirksen United States Courthouse 219 South Dearborn Street Chicago, IL 60604</p>	

I declare under the penalty of perjury under the laws of the State of Minnesota that the above is true and correct.

Date: **09/13/14**

Respectfully Submitted,


D.W.H.